Doc Code:

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
985, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Under the Paperwor

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/662,182
Filing Date	September 12, 2003
First Named Inventor	Jeffrey A. Hamilton
Title	INCIDENT RECORDING
Art Unit	2632
Examiner Name	Son M. Tang
Attorney Docket Number	807216-11

<u> </u>									
l herel	I hereby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:									
X	Practitioner Number:	Practitioners associated with the Customer Number:				36,234			
	OR								
	Practitioner(s) named below:								_
- 1			Name	Registration Number				1	
									1
									1
									1
									j
as my United	/our attorney(s)	or ag	gent(s) to prosecute the application frademark Office connected there	n identifi with.	ed a	bove, and to tr	ransact al	I business in the	
Plea	ase recognize o	r cha	nge the соптевропиенсе address	for the al	bove	identified app	lication to	<b>)</b> :	
X	The address a	ssoci	iated with the above-mentioned Cu	ustomer	Num	iber:		•	
OR			1						
	The address a	ssoci	iated with Customer Number:				l		
OR									
	Firm or								
Addre	SS								
City				Sta	ite		Z	/ip	
Count	ry								
Telep	hone		303.828.0655	Fa	x	303.828.2938			
i am	the:								:
$\boxtimes$	Applicant/Invento	or.							
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	SIGNATURE, of Applicant or Assignee of Record								
Signature / htt / Max Su- Date 6-13-0				6-13-05					
Nam	Name Robert Jeffrey Scangan						Telephon	(303)471-01	40.
Title and Company Evicam International, Inc.									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple									
	Total of 2 forms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Doc Code: JUN 17 2015
Under the Paperwork Reduction Acts 1995, I

PTO/SB/81 (11-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

ack Reduction Act 3/1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

10/662,182				
September 12, 2003	_			
Jeffrey A. Hamilton	_			
INCIDENT RECORDING				
2632				
Son M. Taug				
007216-11	J			
	September 12, 2003  Jeffrey A. Hamilton  INCIDENT RECORDING  2632  Son M. Tang			

i hereb	y revoke all pre	vious	s powers of attorney given in the ab	ove-identi	fied application	on.		
	y appoint			<u> </u>				
X	Practitioners associated with the Customer Number:				36,234			
	OR Practitioner(s) named below:							
[			Name	Registration Number				
1								
	,							
				14 - AM - A	abava and b	transact all	business in the	
as my United	/our attorney(s) I States Patent	or ag	gent(s) to prosecute the application rademark Office connected therew	identified vith.	above, and to	) transact all	business in the	
Plea	ase recognize or	cha	nge the correspondence address fo	or the abov	re-identified a	pplication to	:	
X	The address as	ssoci	ated with the above-mentioned Cu	stomer Nu	mber:			
OR				·				
	The address a	ssoci	ated with Customer Number:					
OR	Firm or					<del></del>		
Addre								
Addie	93							
City	- <u></u>			State		Zi	р	
Count	ry					<del></del>		
Telep	hone		303.828.0655	Fax	303.828.293	8		
i am							<u>:</u>	
M	Applicant/Invento	<b>Γ</b> .					•	
	Assignee of reco	rd of t 37 C	he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/	96).			·	
			SIGNATURE of Applica	ant or Ass	ignee of Rec	ord		
Signa	ature		Offra Hamilton			Date	6/13/2005	
Name Jeffreyk. Hamilton Telephon					1 :			
Title	and Company	Evice	m International, Inc.					
NOTI multip		all the	inventors or assignees of record of	the entire i	nterest or their	representativ	e(s) are required. Submi	
Ø	*Total of	2	forms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.